



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

DOVER HOSPITALITY, LLC

PO BOX 248

WESTPORT, MA 02790

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 248

WESTPORT, MA 02790

REGISTERED AGENT AND OFFICE:

Tamposi, James N, Jr Esq

Getman Stacey Tamposi 163 S River Road

Bedford, NH 03110

ENTITY TYPE: LLC

BUSINESS ID: 439056

STATE OF DOMICILE: NEW HAMPSHIRE

INVESTING, OWNING, DEVELOPG, & LEASING HOTEL PROPERTY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.



The new mailing address



The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME RICHARD L. LAFFRANCE
STREET 31 FALLON DR
CITY/STATE/ZIP WESTPORT, MA 02790

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Richard L. Laffrance

Please print name and title of signer:

RICHARD L. LAFFRANCE

MANAGER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM
PUBLIC DOCUMENT
REQUIRED INFORMATION



T1414955055

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New Hampshire

Concord, NH 03301